

etc. An early opening of the bone in the situation of the mastoid antrum will give the shortest outlet for pus and prevent any spread of suppuration over the meninges, transverse sinus, brain, large cerebral blood-vessels, etc. Now the antrum is situated upward and backward from the tympanic cavity and can be best and most easily reached through trephining exactly at the spot pointed out by the author. Dr. Mitzkuner adds, in conclusion, that he has already operated after his plan in two cases, and that with best results.—*Vratch*, No. 10, 1888.

**IV. Treatment of Nasal Polypus by Cauterization with Nitrate of Silver.** By DR. PARGAMIN (Belaia Tzerkov, Russia). A Jewish knife-grinder's boy, æt. 8 years, was brought to the writer with big, flesh-red, roundish new growths protruding from both of the orifices of his greatly swollen nose. The boy was looking wretchedly ill, pale, weak, emaciated, could articulate and breathe, but with great difficulty, and complained of constant headache and loss of appetite. According to the father's narrative the boy had been suffering from difficult nasal breathing for a considerable stretch of time, but of late he became very restless continually and could not sleep at all in consequence of an ever increasing great embarrassment of his respiration. When touched with a pincette the polypi easily bled. Partly this circumstance, partly the father's reluctance to any energetic surgical interference, induced Dr. Pargamin to give a trial to a thorough cauterization of the polypi with solid nitrate of silver. The procedure was followed by a paroxysm of violent sneezing as well as by the discharge of a sanguinolent fluid, but caused no pain.

"The results surpassed all expectations," the very first cauterization gave rise to considerable a shrinking of the growths as to enable the boy to breathe through his nose, though yet with difficulty, and by virtue of this, to quietly sleep for a couple of hours. After 7 cauterizations, of which the first three had been made daily, and the remaining only once a week, there could not be detected any trace of the polypi, while the boy got rid of all his troubles and got well. Dr. Pargamin emphatically recommends this plan of treatment, which is said to be (1) painless; (2) simple and easy, and can be practiced even by

the patient's relatives ; (3) free from any danger of consecutive haemorrhage ; (4) brings a considerable relief very rapidly. The writer tried in two cases of his another bloodless method of treating nasal polypi, consisting in the parenchymatous injection of 4 or 5 drops of acetic acid (as recommended in the *L'Abeille Medicale*, 1885), but he utterly failed to effect any improvement and was ultimately compelled to resort to evulsion. Dr. Pargamin mentions further that in cases of acute nasal catarrh in sucklings, he obtains good results from the intra-nasal instillation of a two per cent solution of hydrochlorate of cocaine.—*Russkaia Meditzina*, No. 39, 1887.

VALERIUS IDELSON (Berne).

**V. On Removal by Operation of Naso-Pharyngeal Tumors.** By THOMAS ANNANDALE (Edinburgh). Professor Annandale does not claim for the operation, presently to be described, entire originality. He demonstrates that when, after Rongé, the septum nasi is divided, and the alveolar border of the jaw and the hard palate cut through in the middle line, the two upper jaws can be separated to the extent of an inch, and thus more room obtained for the removal of tumors at the base of the skull. Of course, many tumors in this region can be removed by less severe operations ; but cases occur where these are not sufficient and more room is required to operate through. The steps of the operation are as follows :

1. The exposure of the anterior nares by freely dividing the mucous membrane connecting the upper lip and upper jaws, according to the plan of Rongé.
2. The division of the bony septum of the nose along its attachment to the jaw.
3. Incising the soft parts along the middle line of the hard palate and then sawing through the alveolar margin of the upper jaw, and through the entire hard palate along the middle line. The soft palate may or may not require division in its middle line. The necessity for this depends on the size and attachments of the growth.
4. The forcible separation of the two jaws and the introduction through the gap of the finger, periosteal scraper, or other similar instrument, with the view of separating secondary connections of the growth to the surrounding parts.
5. The removal of